



Accident Report Form

Please complete this form for all incidents, whether deemed minor or serious, or if outside assistance was required or not. All information will remain confidential. This form should be completed by the Walk Leader and signed by an additional witness.

Walk Details:	
District walk takes place in:	
Walk accident took occurred on:	
Walk leaders name:	
Details of Injured Person	
Full name:	
Phone number:	
Address:	
Email address:	
Accident Information	
Date of accident:	
Location of accident:	
What happened? Please give as much information as possible:	
Injuries sustained:	
What action was taken e.g. further medical intervention required?	
Is the individual expected to make a full recovery?	
Name of walk leader completing form:	
Signature:	
Date:	
Witness Name:	
Signature:	
Date:	

Please complete and return to the appropriate Health Walks Lead Co-ordinator:

Sedgemoor: Rebecca Squire rsquire@sasp.co.uk, Mendip: Jo Smith jsmith@sasp.co.uk,

West Somerset: Tiffany Wood: twood@sasp.co.uk South Somerset: Julia Booth: Julia.Booth@SouthSomerset.Gov.Uk